

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>NY</i>	<i>12</i>	<i>3/20/99</i>
O.P.E. CLASSIFIER		<i>12</i>	<i>3/20/99</i>
FORMALITY REVIEW	<i>DA</i>	<i>73121</i>	<i>4-2-99</i> <i>10-4-99</i>

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      N \_\_\_\_\_ Non-elected  
 - \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
 - (Through numeral) \_\_\_\_\_ Cancelled      A \_\_\_\_\_ Appeal  
 + \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

*BEST AVAILABLE COPY*

Claim	Final	Original	Claim	Final	Original	Claim	Final	Original
1			101			201		
2			102			202		
3			103			203		
4			104			204		
5			105			205		
6			106			206		
7			107			207		
8			108			208		
9			109			209		
10			110			210		
11			111			211		
12			112			212		
13			113			213		
14			114			214		
15			115			215		
16			116			216		
17			117			217		
18			118			218		
19			119			219		
20			120			220		
21			121			221		
22			122			222		
23			123			223		
24			124			224		
25			125			225		
26			126			226		
27			127			227		
28			128			228		
29			129			229		
30			130			230		
31			131			231		
32			132			232		
33			133			233		
34			134			234		
35			135			235		
36			136			236		
37			137			237		
38			138			238		
39			139			239		
40			140			240		
41			141			241		
42			142			242		
43			143			243		
44			144			244		
45			145			245		
46			146			246		
47			147			247		
48			148			248		
49			149			249		
50			150			250		

If more than 150 claims or 10 sheets, staple additional sheet here

(LEFT INSIDE)

*BEST AVAILABLE COPY*